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07/07/2005

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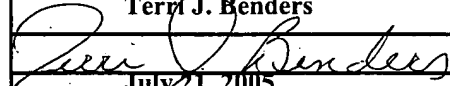
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07/26/2005 SDENB082 00000016 09802032

01 FC:1501 1400.00 OP
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Terri J. Benders (Depositor's name)
 (Signature)
July 21, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/802,032	03/08/2001	Randolph E. Crutchfield	INTL-0534-US (PI0839)	2812

TITLE OF INVENTION: ENABLING COMPONENTS TO BE REMOVED WITHOUT HOT SWAP CIRCUITRY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAUMEN, GARY F	2833	439-142000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Trop, Pruner & Hu, P.C.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Intel Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **20-1504** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Timothy N. Trop

Date

July 21, 2005

Typed or printed name

Registration No.

28,994

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